



**SAMHSA-HRSA**  
CENTER for INTEGRATED  
HEALTH SOLUTIONS

**Evaluation Affinity  
Group Call**

Feb 10, 2017

**SAMHSA** **HRSA**  
Health Resources & Services Administration

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## To participate

Use the chat box to  
communicate with other  
attendees

Use the question box to send  
a question directly to Aaron

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## Agenda

- Managing the transition from TRAC to SPARS
- Measuring & reporting health outcomes
- Assorted items of note

## Managing the TRAC -> SPARS Transition

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## Basic information regarding the transition

- TRAC closes on Feb 13. SPARS is live Feb 28
- SPARS login info will be sent to the project director around Feb 28
- Additional SPARS training will be available in March
- No changes to NOMs or IPP
- Download your data before Feb 13
- Keep paper copies of everything until you're certain SPARS is complete and accurate

Nicole Williams (Centerstone Research Institute) and Erin Palmer (Services for the UnderServed) will share their experiences & best practices during the previous TRAC transition

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## Measuring & Reporting Health Outcomes

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### The basics

- Data entry in TRAC/SPARS is prescriptive. This is the data SAMHSA uses to analyze PBHCl outcomes.
  - Enter 'missing' for bloodwork at 6 months, 18 months, etc
  - If you can't collect bloodwork at baseline, 6 months can be the new baseline. Collect every 12 months thereafter
- Data reporting on the quarterly report is not prescriptive. Report information that is relevant to you.
- For long-term planning, use outcome metrics that are relevant to long-term organizational goals.

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### Audience for outcomes

- Staff
  - What is helpful from QI perspective? What is actionable?
- Upper Management / External Entities
  - Align outcomes with long-term goals
    - Standard performance measures
    - Align outcomes with cost savings research
- SAMHSA
  - Report properly in TRAC.
  - "report population trends" in quarterly report

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### Ways to measure outcomes

- Evidence base for EBPs.
  - HARP increased patient activation by 8%
- Medical significance
  - >=5% reduction in weight is a medically-significant reduction in cardiovascular risk, as is 50+meter increase in 6-minute walking test.
  - Any improvement, categorical improvement, and 'no longer at risk'
- National Performance Measures
  - PQRS uses NQF #59 for diabetes control. For people with diabetes diagnosis, is A1c below 9.0 at follow-up visit?
  - HEDIS BP control = Diagnosis of hypertension + BP<140/90 at follow-up

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### Assorted Items of Note

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- Mathematica. Work with them if you are struggling to prepare everything they have requested.
- National Grantee Meeting is in June. Submit an abstract! Let me know if you want anything specific.
- Evaluation and QI toolkit will go live next week
- Please send me any cost savings information that you feel comfortable sharing
- Anyone have announcements? (journal articles, breakthroughs, helpful documents you've created?)

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Feb 24. 3pm eastern. Evaluating Evidence-Based Practices Webinar.  
<https://attendee.gotowebinar.com/register/152729142422235393>

Contact me ([AaronS@thenationalcouncil.org](mailto:AaronS@thenationalcouncil.org)) with any questions

Please fill out the survey when you close the Adobe Connect window

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